

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551105

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1			1		53						
4	1						54						
5		1					55						
6		1					56						
7		1		1			57						
8		1			1		58						
9	1						59						
10		1	1				60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15	1		1				65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21	1						71						
22		1					72						
23	1						73						
24		1					74						
25		1					75						
26	1						76						
27		1					77						
28	1						78						
29		1					79						
30		1					80						
31							81						
32							82						
33					1		83						
34					1		84						
35					1		85						
36					1		86						
37					1		87						
38					1		88						
39					1		89						
40					1		90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		3										
TOTAL DEP.	19		12										
TOTAL CLAIMS	29		15										

BEST AVAILABLE COPY